

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90064 010 ***150.00

DOCUMENT # P96000097267

1. Entity Name

BRANNAN CONSTRUCTION, INC.

Principal Place of Business

**2447 N KINGS RD
P.O. BOX 129
HILLIARD FL 32046
US**

Mailing Address

**P.O. BOX 129
P.O. BOX 129
HILLIARD FL 32046
US**

2. Principal Place of Business

541634 US Highway 1

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 129

City & State
Hilliard, FL 32046

City & State

Zip Country
32046 USA

Zip Country

4. FEI Number

59-3403499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BRANNAN, LARRY THOMAS
2447 NORTH KINGS RD.
HILLIARD FL 32046**

7. Name and Address of New Registered Agent

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
541634 US Highway 1

City Hilliard FL Zip Code 32046

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
BRANNAN, LARRY THOMAS
STREET ADDRESS **RT. 3 BOX 1382 - LOT 18**
CITY-ST-ZIP **FOLKSTON GA 31537**

TITLE ☐ Delete
NAME **V**
BRANNAN, KENNY LEE
STREET ADDRESS **RT. 4, BOX 8035**
CITY-ST-ZIP **HILLIARD FL**

TITLE ☐ Delete
NAME **T**
MCCOOK, LISA G
STREET ADDRESS **PO BOX 72, ANDREWS RD, RT 4 BOX 8022**
CITY-ST-ZIP **HILLIARD FL 32046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **V**
Brannan, Kenny Lee
STREET ADDRESS **171992 Andrews Rd.**
CITY-ST-ZIP **Hilliard, FL 32046**

TITLE ☒ Change ☐ Addition
NAME **T**
MCCOOK, LISA G
STREET ADDRESS **P.O. Box 72, 28063 Potochnik Rd.**
CITY-ST-ZIP **Hilliard, FL 32046**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa G. McCook **2/21/02** **904-845-3350**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)